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PTO/SB/83 (03-02)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

| | |
|------------------------|---------------------------|
| Application Number | 10/038,756 |
| Filing Date | December 31, 2001 |
| First Named Inventor | Reeves, et al. |
| Group Art Unit | 1731 |
| Examiner Name | Not yet assigned |
| Attorney Docket Number | 11710-0190 (44043-228528) |

To: Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are: Conflict of interest

I hereby apply on behalf of all attorneys at Kilpatrick Stockton LLP, to withdraw as attorney or agent for the above-identified patent application. I am authorized to act on behalf of all attorneys at Kilpatrick Stockton LLP associated with Customer Numbers 23370 and 23594 and 29843.

1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:
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☐ Customer Number
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Bar Code Label here

| | | | | | |
|--|--------------------------------|-------|----|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Kimberly-Clark Worldwide, Inc. | | | | |
| Address | Legal Department | | | | |
| Address | 401 North Lake Street | | | | |
| City | Neenah | State | WI | ZIP | 54956 |
| Country | USA | | | | |
| Telephone | 920-721-2000 | Fax | | | |

☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☒ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
This request is enclosed in triplicate (including any attachments).

Name Robert E. Richards - Reg. No. 28,105

Signature

Date

6-30-03

NOTE: Withdrawal is effective when approved rather than when received
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for
response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved

Jacqueline M. Stone, Director
Technology Center 1700

OCT 15 2003